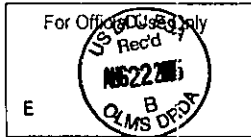


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10345</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name MICHELE DOUGHTIE P.O. Box, Bldg., Room No., if any Street 1411 CASTLERIDGE ROAD City CASTLETON State New York ZIP Code + 4 12033	4. Name, file number, and address of labor organization. Name NEW YORK STATE NURSES ASSOC Labor Organization File Number 038-970 P.O. Box, Building and Room Number, if any Street 11 CORNELL RD City LATHAM State New York ZIP Code + 4 12110
5. Position in labor organization. ASST BENEFITS ADMIN	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>X Michele Doughtie</u>	On <u>8-15</u> Date	<u>518-782-9400</u> Telephone Number

Name of Person Filing MICHELE DOUGHTIE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;">b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p> <hr/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name JLT</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 13 Cornell Rd</p> <p>City Latham</p> <p>State New York ZIP Code + 4 12110</p>	<p>14.a. Nature of payment.</p> <p style="margin-left: 40px;">INSURANCE VENDOR DINNER(S)</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;">\$115</p>

Lola M. Fehr, MS, RN, CAE, FAAN
Executive Director



Constituent of the
American Nurses Association

11 Cornell Road, Latham, New York 12110-1499
Phone: 518-782-9400 Fax: 518-782-9530 E-mail: info@nysna.org <http://www.nysna.org>

Good afternoon Ladies and/or Gentleman;

Enclosed you will find a completed LM 30. You must sign (in black pen) and mail the completed form LM-30 by August 15th to the following address:

Office of Labor-Management Standards
20 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

It is a requirement from the department of labor which you must comply. I have attached a summarized version of the instructions for your edification. If you have any further questions feel free to email me john.daley@nysna.org or call me at 518-782-9400 ext 210.

Thanks Jack

INSTRUCTIONS FOR FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

GENERAL INSTRUCTIONS

I. WHY FILE

The Labor Management Reporting and Disclosure Act of 1959, a amended (LMRDA), requires public disclosure of certain financial transactions and financial interests of labor organization officers and employees and their spouses and minor children. Pursuant to section 20 of the LMRDA, every labor organization officer or employee (other than an employee performing clerical or custodial services exclusively) who has engaged in any such transaction or has any such interest during the fiscal year must file a detailed report with the Secretary of Labor. The Secretary, under the authority the LMRDA, has prescribed the filing of the Labor Organization Officer and Employee Report, Form LM-30, for officers and employees of labor organizations to satisfy this reporting requirement. The reporting requirements of the LMRDA and of the regulations and forms issued under the Act only relate to the disclosure of specified financial transactions and interests. The reporting requirements do not address whether such economic interests are lawful or unlawful. The fact that a particular financial transaction or interest is or is not required to be reported is not indicative of whether it is or is not subject to any legal prohibition; this must be noted by provisions of law other than those prescribing the reports.

II. WHO MUST FILE

Any officer or employee of a labor organization (other

NOTE: Selected definitions from the LMRDA follow these instructions.

III. WHAT MUST BE REPORTED

The types of financial transactions and interests which must be reported are set forth in Form LM-30. The LMRDA states that every officer or employee of a labor organization must file a detailed report with the Secretary of Labor listing and describing certain financial transactions engaged in, and interests held by, the officer or employee or his/her spouse or minor child: (1) legal and equitable interests in, transactions with, and economic benefits from an employer whose employees his/her union represents or seeks to represent; (2) legal and equitable interests in, transactions with, and economic benefits from certain businesses which deal with the business of the employer whose employees the union represents or seeks to represent, or which deals with the union or a trust in which the labor organization is interested; and (3) certain income and other economic benefits received from any employer or labor relations consultant.

Special Reports. In addition to this report, the Secretary may require officers and employees subject to the

LMRDA to submit special reports on relevant information including but not necessarily confined to reports on the matters referred to under the exclusions in Part A, subsections ii and iv, and Part C, subsections ii

than an employee performing clerical or custodial services exclusively), as defined by the LMRDA, must file Form LM-30 if, during the past fiscal year, the officer or employee, or his/her spouse or minor child, either directly or indirectly, held any legal or equitable interest or engage in any transactions (including loans) of the type described in Section 202 of the LMRDA. Each labor organization officer or employee, as defined in the LMRDA, if he/she or his/her spouse or minor child has held any of the interests or engaged in any of the transaction set forth in this form and the instructions must file Form LM-30 *within 90 days* after the end of his/her fiscal year. If, however, you were an officer or employee or only a portion of the fiscal year, you may limit this report to that portion of the fiscal year

VI. WHERE TO FILE

The completed Form LM-30 and any additional pages must be mailed to the following address:

U. S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
20 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

VII. PUBLIC DISCLOSURE

Pursuant to the LMRDA, the U.S. Department of Labor is required to make all submitted reports available for public inspection. You may examine the Form LM-30 reports at, and purchase copies from, the OLMS Public Disclosure Room at the address listed in Section VI, or at the OLMS field office in whose jurisdiction the these instructions is a list of OLMS field offices.

VIII. OFFICER AND EMPLOYEE RESPONSIBILITIES AND PENALTIES

The labor organization officer or employee required to sign Form LM-30 is personally responsible for its filing and accuracy. Under the LMRDA, this individual is subject to criminal penalties for willful failure to file a required report and/or for false reporting. False reporting includes making any false statement or misrepresentation of a material fact while knowing it to be false, or for knowingly failing to disclose a material fact in a required report or in the information required to be contained in it or in any information required to be submitted with it.

The reporting labor organization officer or employee required to sign Form LM-30 is also subject to civil prosecution for violations of filing requirements. Section 210 of the LMRDA provides that, "whenever it shall appear that any person has violated or is about to violate any of the provisions of this title, the Secretary may bring a civil action for such relief (including injunctions) as may be appropriate."

IX. RECORDKEEPING

The individual required to file Form LM-30 is responsible for maintaining records

and iii.

IV. WHO MUST SIGN THE REPORT

The labor organization officer or employee must sign the completed Form LM-30 in black ink.